LEWIS AND CLARK COUNTY
OFFICE OF THE PERMIT COORDINATOR

316 NORTH PARK
ROOM 230
HELENA, MT   406-447-8392

A COMPREHENSIVE PERMITTING FORM <u>WILL NOT</u> BE ACCEPTED WITHOUT A COPY OF THE FILED CERTIFICATE OF SURVEY OR A FINAL PLAT (IF LOT IS IN A SUBDIVISION).

COPIES OF THESE DOCUMENTS MAY BE OBTAINED IN THE CLERK AND RECORDER OFFICE ROOM 113 OR WITH THE ASSISTANCE OF COUNTY STAFF.

COMPREHENSIVE PERMITTING FORM

Primary Contact:_____   **Daytime Telephone:**_____
                          (Please Print)

Mailing Address:_____   **City:**_____ **State:**_____ **Zip:**_____

Property Owner(s):_____   **Daytime Telephone:**_____

Mailing Address:_____   **City:**_____ **State:**_____ **Zip:**_____

Property Address:_____   **City:**_____ **State:**_____ **Zip:**_____

NOTE: An address must be applied for and assigned to your property (if you have not had one previously assigned).

Lot/Tract Size:_____   **Subdivision Name (if applicable):**_____

Lot/Tract No:_____   **GEOCODE:**_____   **Section:**_____ **Township:**_____ **Range:**_____

Description of Existing Improvements and All Structures:_____

_____

_____

Description of Proposed Project:_____

_____

_____

I, _____, the Primary Contact, hereby acknowledge that the information supplied
                          (Please Print)
with this Comprehensive Permitting Form is correct and reflects the current land use at the property address identified above. I further acknowledge that any permit application I submit will require the submission of all documentation regarding easements, setbacks, covenants, zoning, and any other applicable restrictions that may affect the property. I further acknowledge that failure to abide by any easement, setback, covenant, zoning, or any other applicable restriction that may affect the property without prior approval from the proper authority (county, state, federal) may result in the revocation of the permit, the denial of a permit, the removal or disconnection of the improvement, and/or an increase in permit fees.

Primary Contact Signature:_____   **Date:**_____

FOR OFFICE STAFF ONLY
COS No:_____   **FINAL PLAT No:**_____   **DEED No:**_____   **CPF No:**_____

Revised February 2012